

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024036

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 238

Primary Registration District No. 5823

Registrar's No. 29

FILED JUL 2 1962

VS 300
Rev. 4/59

0721

20720

3

4 0

5 1

6

7 1

8 2

9 X

10

11 072

12 91-0

13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

New Madrid

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

New Madrid

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Vandavender Street

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

New Madrid

c. CITY

OR TOWN

Lilbourn

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

Box 163

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Joseph

Jethrow

Stone

4. DATE OF DEATH

Month

Day

Year

6

22

62

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-26-1910

9. AGE (last birthday)

52

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Construction

10b. KIND OF BUSINESS OR INDUSTRY

—

11. BIRTHPLACE (City and state or country)

Clay County, Ark.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Oscar Stone

13b. MOTHER'S MAIDEN NAME

Myrtle Lane

14. NAME OF HUSBAND OR WIFE

Nadine Stone

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Nadine Stone

Address

Box 163
Lilbourn, Mo.18. CAUSE OF DEATH (Enter only one cause per line if
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fractured Neck

INTERVAL BETWEEN
ONSET AND DEATH

Few min.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Numerous contusions chest & arms of head.

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Auto Accident.

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

June 22 1962

2 AM.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Street

20f. CITY, TOWN, OR LOCATION

New Madrid

COUNTY

New Madrid Mo

STATE

21. I attended the deceased from

22 June 62

to 22 June 62

and last saw her alive on

Death occurred at

2 PM

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Charles E. Richards

(Degree or title)

22b. ADDRESS

New Madrid Mo

22c. DATE SIGNED

25 June 62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

6-25-62

23c. NAME OF CEMETERY OR CREMATORY

Piggott Cemetery, Ark.

23d. LOCATION (City, town, or county)

Piggott

(State)

Ark.

24. FUNERAL DIRECTOR

Richards Funeral Home, Inc., Mo.

ADDRESS

New Madrid

25. DATE RECD. BY LOCAL REG.

June 25, 1962

26. REGISTRAR'S SIGNATURE

Jay Hedgespeth

(Licensed Embalmer - Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

2981 JUL 5 1962

Permit obtained 6-23-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Sam R. Hedgepeth

Licensed Embalmer No. 5100

P. O. Address New Madrid, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.